

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28265

Entity Name: HALL AFFILIATES, INC.

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

P O BOX 897
THEODORE, AL 36590

New Principal Place of Business:

5655 MIDDLE ROAD
THEODORE, AL 36582

Current Mailing Address:

P O BOX 897
THEODORE, AL 36590

New Mailing Address:

FEI Number: 63-0331241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKLEY, BOB
OF WALKLEY AND WALKLEY ATT.
102 ARMENIA AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALL, LEROY B
Address: 5655 MIDDLE RD
City-St-Zip: THEODORE, AL

Title: VTD () Delete
Name: HALL, ANNETTE,
Address: 5655 MIDDLE RD
City-St-Zip: THEODORE, AL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALL, LEROY B
Address: 5655 MIDDLE RD
City-St-Zip: THEODORE, AL 36582

Title: VTD (X) Change () Addition
Name: HALL, ANNETTE,
Address: 5655 MIDDLE RD
City-St-Zip: THEODORE, AL 36582

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY B. HALL

PRES

03/22/2007

Electronic Signature of Signing Officer or Director

Date